New Jersey Public Employment Relations Commission NON-POLICE AND FIRE COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line

SECTION I: Parties and Term of Contracts

1 2	Public Employer: Employee Organization:	Township of Lower Lower Township Super Union	rvisors	County:	Cape May Co		12	
3	Base Year Contract Term:	1/1/2012 - 12/31/2015		New Contra		1/1/2016 - 12/31/2019		
4 5 6 7 8	Contract settled with assistance of mediator Contract settled with assistance of fact-finder Contract settled with assistance of super-conciliator If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?							
	Yes No							
9 10 11	SECTION III: Salary Base The salary base is the cost of salar the parties negotiate the salary increase Salary Costs in Base Year Longevity Costs in Base Year Total Salary Base	\$ 913 sr \$	5,777.68 - -,777.68	piring agreement.	This is the base o	ost from which		
	SECTION IV: Salary Increase							

SECTION IV: Salary Increases for Each year of New Agreement*

	•	Yea	ar 1	Ye	ar 2	Ye	ar 3	Ye	ar 4
12	Effective Date (month/day/year)		1/1/2016		1/1/2017		1/1/2018		1/1/2019
13	Cost of Salary Increments (\$)	\$	7,336.05	\$	17,025.85	\$	18,762.79	\$	19,138.05
14	Salary Increase Above Increments (\$)		-	\$	-	\$	-	\$	-
15	Longevity Increase (\$)	\$		\$		\$.		\$	
16	Total \$ Increase (sum of lines 13-15)	\$	7,336.05	\$	17,025.85	\$	18,762.79	\$	19,138.05
17	17 New Salary Base (\$) Percentage increase over prior year		21,113.73	\$ 9	938,139.58	\$ 9	956,902.38	\$ 9	976,040.42
18			0.80%		1.85%		2.00%		2.00%

^{*}If conract duration is longer than five years, please add an additional page.

SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

19	Item Description	Base Year Cost	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)
20	Totals (\$):	\$ -	\$ -	\$ -	\$ -	\$ -

^{*}If conract duration is longer than five years, please add an additional page.

SECTION VI: Medical Costs

		Base Year	Year 1
21	Health Plan Cost	\$163,005.48	\$126,056.40
22	Prescription Plan Cost		\$ 32,898.36
23	Dental Plan Cost	\$ 1,200.00	\$ 1,200.00
24	Vision Plan Cost	\$ 100.00	\$ 100.00
25	Total Cost of Insurance	\$164,305.48	\$160,254.76
26	Employee Insurance Contributions	\$ 41,013.18	\$ 35,664.18
27	Employee Contributions as % of Total Insurance Cost		22.25%

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective negotiations agreement for the term beginning 1/1/2016 through 12/31/2019.

Employer:	Township of Lower				
County: Cape May County					
Date:	9/8/2016				
Name:	Lauren Read Print Name				
Title:	CFO, Township of Lower				
Signaturę:	X (2)				